MAPLE LANE HEALTH CARE CENTER-FDD

N4231 STATE HWY 22

SHAWANO	54166	Phon	e:(715) 526-3158		Ownership:	County
Operated from	1/1 To	12/31 Da	ys of Operation:	366	Highest Level License:	FDDs
Operate in Con	junction	with Hospi	tal?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up a	nd Staffed	(12/31/04):	24	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capa	city (12/3	1/04):	24	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on	12/31/04:		24	Average Daily Census:	24

Services Provided to Non-Residents	Age, Gender, and Primary Di	Length of Stay (12/31/04) %						
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	0.0	
Supp. Home Care-Personal Care	No					1 - 4 Years	12.5	
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	70.8	More Than 4 Years	87.5	
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	16.7			
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	4.2		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	8.3	********	*****	
Adult Day Health Care No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent		
Congregate Meals No		Cancer	0.0			Nursing Staff per 100 Resider		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	0.0	65 & Over	29.2			
Transportation	No	Cerebrovascular	0.0			RNs	2.5	
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	11.3	
Other Services	No	Respiratory	0.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	50.0	Aides, & Orderlies	46.7	
Mentally Ill	No			Female	50.0			
Provide Day Programming for			100.0					
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay		Family Care		Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				24	100.0	179	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	24	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		24	100.0		0	0.0		0	0.0		0	0.0		0	0.0		24	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of								
Deaths During Reporting Period					% Needing		Total			
ercent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of			
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	0.0		66.7	33.3	24			
Other Nursing Homes	0.0	Dressing	29.2		45.8	25.0	24			
Acute Care Hospitals	0.0	Transferring	50.0		33.3	16.7	24			
Psych. HospMR/DD Facilities	0.0	Toilet Use	41.7		33.3	25.0	24			
Rehabilitation Hospitals	0.0	Eating	66.7		16.7	16.7	24			
Other Locations	0.0	******	******	*****	*****	*******	*****			
otal Number of Admissions	0	Continence		8	Special Treatmen	ts	%			
ercent Discharges To:		Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	4.2			
Private Home/No Home Health	0.0	Occ/Freq. Incontiner	nt of Bladder	66.7	Receiving Trac	heostomy Care	0.0			
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	20.8	Receiving Suct	ioning	4.2			
Other Nursing Homes	0.0	İ			Receiving Osto	my Care	4.2			
Acute Care Hospitals	0.0	Mobility			Receiving Tube	Feeding	4.2			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diets	70.8			
Rehabilitation Hospitals	0.0	<u> </u>				_				
Other Locations	0.0	Skin Care			Other Resident C	haracteristics				
Deaths	0.0	With Pressure Sores		0.0	Have Advance D	irectives	50.0			
otal Number of Discharges		With Rashes		8.3	Medications					
(Including Deaths)	0	İ			Receiving Psyc	hoactive Drugs	66.7			

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility		DD ilities		All ilties	
	%	*	Ratio	Fac %	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	100.0	93.1	1.07	88.8	1.13	
Current Residents from In-County	58.3	35.3	1.65	77.4	0.75	
Admissions from In-County, Still Residing	0.0	11.4	0.00	19.4	0.00	
Admissions/Average Daily Census	0.0	20.4	0.00	146.5	0.00	
Discharges/Average Daily Census	0.0	28.3	0.00	148.0	0.00	
Discharges To Private Residence/Average Daily Census	0.0	12.1	0.00	66.9	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	89.9	0.00	
Residents Aged 65 and Older	29.2	16.0	1.82	87.9	0.33	
Title 19 (Medicaid) Funded Residents	100.0	99.1	1.01	66.1	1.51	
Private Pay Funded Residents	0.0	0.5	0.00	20.6	0.00	
Developmentally Disabled Residents	100.0	99.2	1.01	6.0	16.57	
Mentally Ill Residents	0.0	0.4	0.00	33.6	0.00	
General Medical Service Residents	0.0	0.4	0.00	21.1	0.00	
Impaired ADL (Mean)*	43.3	55.0	0.79	49.4	0.88	
Psychological Problems	66.7	48.1	1.39	57.7	1.16	
Nursing Care Required (Mean)*	12.0	10.7	1.12	7.4	1.61	